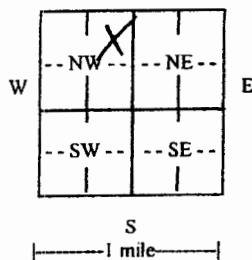


EVO 21

**Form WWC-5**

Division of Water Resources App. No.

**3 LOCATE WELL  
WITH AN "X" IN  
SECTION BOX:**



4 DEPTH OF COMPLETED WELL 7.0 ft.

Depth(s) Groundwater Encountered (1)..... ft. (2)..... ft. (3)..... ft.

WELL'S STATIC WATER LEVEL NA ft. below land surface measured on mo/day/yr.....

Pump test data: Well water was NA ft. after..... hours pumping..... gpm

EST. YIELD NA gpm. Well water was..... ft. after..... hours pumping..... gpm

Bore Hole Diameter 8 in. to 7.0 ft., and..... in. to..... ft.

WELL WATER TO BE USED AS: ☐ Public water supply ☐ Geothermal ☒ Injection well

☐ Domestic ☐ Feedlot ☐ Oil field water supply ☐ Dewatering ☐ Other (Specify below)

☐ Irrigation ☐ Industrial ☐ Domestic-lawn & garden ☐ Monitoring well.....

Was a chemical/bacteriological sample submitted to Department? ☐ Yes ☒ No

If yes, mo/day/yr sample was submitted.....

Water well disinfected? ☐ Yes ☒ No

5 TYPE OF CASING USED: ☐ Steel ☒ PVC ☐ Other .....

CASING JOINTS: ☐ Glued ☐ Clamped ☐ Welded ☒ Threaded

Casing diameter 4..... in. to ..... ft., Diameter ..... in. to ..... ft., Diameter ..... in. to ..... ft.

Casing height above land surface..... 0.5..... in., Weight 2..... lbs./ft., Wall thickness or gauge No. ....

TYPE OF SCREEN OR PERFORATION MATERIAL:

☐ Steel ☐ Stainless Steel ☒ PVC ☐ Other (Specify) .....

☐ Brass ☐ Galvanized Steel ☐ None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:

☒ Continuous slot ☐ Mill slot ☐ Gauze wrapped ☐ Torch cut ☐ Drilled holes ☐ None (open hole)

☐ Louvered shutter ☐ Key punched ☒ Wire wrapped ☐ Saw cut ☐ Other (specify) .....

SCREEN-PERFORATED INTERVALS: From 6.7..... ft. to 49..... ft., From ..... ft. to ..... ft.

From ..... ft. to ..... ft., From ..... ft. to ..... ft.

GRAVEL PACK INTERVALS: From 7.0..... ft. to 4.5..... ft., From ..... ft. to ..... ft.

From ..... ft. to ..... ft., From ..... ft. to ..... ft.

**6 GROUT MATERIAL:** ☐ Neat cement ☐ Cement grout ☒ Bentonite ☒ Other **30 % Bentonite Solids**  
Grout Intervals: From 45 ft. to 3 ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.  
What is the nearest source of possible contamination:  
☐ Septic tank ☐ Lateral lines ☐ Pit privy ☐ Livestock pens ☐ Insecticide storage ☐ Other (specify below)  
☐ Sewer lines ☐ Cesspool ☐ Sewage lagoon ☐ Fuel storage ☐ Abandoned water well  
☐ Watertight sewer lines ☐ Seepage pit ☐ Feedyard ☐ Fertilizer storage ☐ Oil well/gas well .....  
Direction from well ..... Distance from well .....

[illegible]

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was ☒ constructed, ☐ reconstructed, or ☐ plugged under my jurisdiction and was completed on (mo/day/year) 6/29/13 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 597 This Water Well Record was completed on (mo/day/year) 6/29/13 under the business name of Boart Longyear / Cascade by (signature) [Signature]

INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks and check the correct answers. Send three copies (white, blue, pink) to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5524. Send one copy to WATER WELL OWNER and retain one for your records. Include fee of \$5.00 for each constructed well. Visit us at <http://www.kdheks.gov/waterwell/index.html>.

Check: ☐ White Copy, ☐ Blue Copy, ☐ Pink Copy